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REVIEW.

Mortality Statistics, 1905. Bureau of the Census, Washington, D.C., 1907.

A compilation of mortality returns can be no more perfect than the sources from which those returns are derived. In short, if the annual reports on Mortality, compiled by the Bureau of the Census, are to be materially improved, the work of improvement must be directed toward a perfecting of the returns made to the Census Office by the various localities or divisions constituting the registration area. So long as the data contained in the mortality volumes of the census are secured through the courtesy of such States and cities as have, by local laws and ordinances, made provision for a fairly accurate and complete recording, or registration, of deaths, the value of the reports of the Bureau of the Census will be largely dependent upon the character of the data voluntarily submitted by the various units of the registration area.

The preliminary work of the Division of Vital Statistics of the Bureau of the Census has, therefore, rightly been largely directed toward two objects,—the extension of the registration area and an improvement in the quality of the returns submitted to it by the various divisions or units of the registration area. That the first object is being attained with at least a fair degree of success is evident by a glance at the map on page 5 and the table on page 7 of the volume on “*Mortality Statistics*, 1905.” In 1906 no less than five States were added to the registration area. These States were California, Colorado, Maryland, Pennsylvania, and South Dakota, and the aggregate population of this extension was nearly ten million in 1900. At the present time nearly one-half, or, to be exact, 48.5 per cent. of the total population of the United States, is included in the registration area. This gratifying progress speaks well for the efficient labors of the permanent Census Office in this direction. Much still remains to be done along this line, however, for no less than thirty-four States and Territories are still without effective registration laws, and, excepting Maryland, the Southern States are unrepresented in the registration area, save by a few scattering cities which together numbered only twenty in 1905. This is particularly unfortunate, because of the large negro population and the pecu-

liar climatic and industrial conditions in the South. There is good reason to believe that the solution of many perplexing problems of public hygiene and sanitation in Southern States and cities would receive a strong impetus if adequate registration laws were generally adopted and effectively enforced throughout the South, or in considerable and representative sections of it.

In the other preliminary labor—the educational work directed toward an improvement in the quality of the statistical returns submitted by the various registration States and cities—the permanent Census Bureau has been scarcely less successful. Much has already been done to bring about uniformity in the classification of causes of death and to establish more perfect harmony and co-operation between the various local registrars and the Census Office. The Census Office is peculiarly fortunate in having as chief statistician of the Division of Vital Statistics a man of long training and wide experience in this kind of educational work. Dr. Cressy L. Wilbur was for several years engaged in a somewhat similar capacity as chief of the Division of Vital Statistics, Department of State, Michigan, and it was principally through his indefatigable efforts that the registration system of Michigan at last became so well organized and the laws so thoroughly enforced that the State was admitted to the registration area in the Twelfth Census.

The outlook for a rapid improvement in the quality of the vital statistics of this country and a more general understanding of the high value and great practical utility of such data was never so bright as at the present time. The annual summary report on Mortality issued by the Census Bureau have at last made it possible for sanitarians, statisticians, and others to make valuable comparisons, carry out special investigations, and to draw conclusions formerly impossible. We may regret that the reports are not as yet so complete as those issued by the Registrar-General of England, for example, but there is strong reason to hope that within a reasonably short time they will equal the English reports in accuracy and excel them in the variety of the statistics which they will contain. The opportunities for the compilation of vital statistics in this country are equalled nowhere else in the world. The United States embraces almost every degree of climate and topography. Its population in the variety of its elements and in the admixtures of its races and nationalities is a marvel of complexities, and the occupations of its people are so nearly all-inclusive that nowhere else in the world can occupation in its relation to disease and mortality be studied more thoroughly or to greater practical purpose.

The present report ("Mortality Statistics, 1905," published in the early part of the current year, 1907) is the sixth annual report and second volume on Mortality published by the Census Bureau. The first

volume contained the first five annual reports. The present report shows some minor improvements in general topography, such as paging and headings in the introductory portion of the volume. The analysis of the fundamental tables is also admirably done. The main features of the statistics are emphasized, and yet the whole analysis is condensed to about forty pages, more than one-half of which are in the form of small illustrative, summary, or analytical supplementary tables. The six summary and rate tables occupy 135 pages and the eight general tables take up 150 pages. A convenient index of six pages completes the volume, which, as a whole, contains 354 pages.

The first general table gives the deaths in each registration area, by color, general nativity, parent nativity, and month of death. This table occupies eighteen pages, nine of which could have been omitted without serious impairment. We cannot concede that the monthly returns of mortality presented in a summary report more than a year after the deaths occurred can serve any but a very limited and doubtful practical purpose. A much more valuable use of the space would have been to give the monthly returns for certain causes of death, such as typhoid fever, malarial fever, diphtheria, etc., where the effect of season *per se* is notable. Monthly returns of the mortality in the aggregate may serve a temporary local purpose in furnishing a barometric-like reading of the general conditions of health and mortality in a city or town, but otherwise their value is so limited as to be practically *nil*.

In general Table 2 the deaths are given for each registration area, by age. This is the only table that gives the age details for each unit of the registration area. For this reason this table might have been extended to about four times its present space, so as to give the age details, with distinction of sex and color. If, because of the small number of the colored in certain cities, it is not worth while to give the information separately for every unit of the registration area, the data should be separated, at least for cities and towns having over five or ten per cent. of colored in their total populations. In certain cities, such as San Francisco, Los Angeles, and San Diego, the Chinese and Japanese should be separately reported in this table.

In general Table 3 the deaths in each registration area from certain causes and classes of causes are given. This is the only table that gives the causes of death in each unit of the registration area, and for this reason the data by sex and by color should be given. The facts presented in this table for such cities as Alexandria, Va., or Key West, Fla., are of very limited value, unless distinction is made of color. The mortality from consumption among negroes, for example, is nearly three times as high as among the white population, and, when the deaths from this cause are given only for the population as a whole in southern cities,

the real facts are not disclosed and the returns are likely to be misleading.

In general Table 4 the deaths are given by age and by sex, color, general nativity, and parent nativity for the registration area, its main subdivisions, and registration States. This table is excellent. The only possible improvement would be to distinguish between the Japanese and Chinese instead of combining them. Ultimately, we may hope to see the statistics given in Tables 2, 3, and 4 carried far enough to distinguish the mortality of at least some of the more important elements of the foreign born. It cannot be too strongly insisted that only in so far as mortality statistics make definite conclusions possible and assist in solving the many problems intimately connected with the health and longevity of the various unit elements of the population will they be of practical value to the sanitarian, the student of public hygiene, the physician, the legislator, or any other interested persons whomsoever.

General Table 5 is a useful summary of the deaths in the registration States from each cause and class of causes. This table is really a somewhat different form of tabulation of the facts shown in Table 3. Table 3 shows the principal causes of death in each unit of registration area, while Table 5 shows each cause of death in only the main divisions of the registration area. Table 4, which relates to age, sex, race, and nativity, without distinction of cause of death, logically should precede Table 3. Such an arrangement would bring all the tables together which deal with the causes of death.

A valid criticism may be directed against Tables 5, 6, 7, and 8, in that the causes of death are arranged in groups of five, without reference to the similarity or dissimilarity of causes within the various groups. While seemingly this is an unimportant matter, in reality it is not so. Any one who has had occasion to make frequent use of the tables will appreciate the criticism. Suicides, for example, should be grouped together instead of being placed in a group of five by different methods, a break, and the four remaining divisions of suicides in another group of five, fractures making up the fifth cause in the second group. From long practical use of such tables my decided preference would be to have the breaks in the table represent real divisions, deaths from cancer, tuberculosis, diseases of the liver, etc., being set off by spaces. This method is the one adopted in the reports of the Registrar-General of England.

General Table 6, which gives the deaths in the registration area as a whole, from each cause and class of causes, by sex and age, is the only table which gives the causes of death with distinction of sex. Sex is one of the primary elements in vital statistics, and this table might be ex-

tended with profit to include at least the main subdivisions of the registration area.

General Table 7 gives the deaths in each registration State from each cause and class of causes, by age. This table might be consolidated with Table 6, the sex being given and the ages by five-year periods instead of by ten-year periods. To facilitate ready comparison and for other purposes, it is advisable to give the ages at death by divisions at least as small as five-year periods.

General Table 8 gives the same facts as Table 7 for registration cities having 100,000 population or over. The ages after ten years are given by ten-year periods and without distinction of sex. The same criticism lies against this table as against Table 7. The essential elements of mortality, age, sex, race, and cause of death, should be given, if possible, for small as well as large cities, and the details should ultimately be given at least for each city of 25,000 population or over.

The main point to keep in mind, it seems to me, is that mortality returns, to be of the greatest value, should be reducible to their lowest terms wherever this is practically possible. We ought, so far as this is possible, to be able to find for any unit of registration area all the essential facts of its mortality, including age, sex, race, nativity, and cause of death. If it is impossible to give the details in combination, then the elements should be given separately for every unit of area, and the facts as to age and cause of death, with distinction of sex and race, should be given for as many as possible of the unit registration areas. Table 1 is an excellent illustration. It would have been improved, however, if instead of twelve columns for deaths by months, two columns had been given to deaths of Chinese and Japanese, and the other ten to deaths among the principal elements of the foreign born. Table 2 is also excellent, but its value would be greatly enhanced if the facts were presented with distinction of race. Table 3, in the same manner, should distinguish race. Table 4, in its general arrangement, is one of the best in the report. Table 5 should follow Table 3, of which it is a summary, or the two tables might readily be consolidated, retaining the best features of each; that is, giving the detailed causes for each unit of area. Table 6 should make distinction of race and possibly a few of the leading foreign-born elements. Tables 7 and 8, too, are of limited value in their present form. The statistics for the District of Columbia in Table 7, and for Baltimore, Md., Los Angeles, Cal., Louisville, Ky., Memphis, Tenn., New Orleans, La., and San Francisco, Cal., in Table 8, are of doubtful value unless distinction is made of race and the age divisions are given by five-year periods.

We understand that the forthcoming report on the Mortality for 1906 will make distinction of color in Tables 7 and 8 for cities of over 100,000

population having 10 per cent. or more of colored population. By colored will be meant Chinese, Japanese, Indians, etc., as well as negroes. Ultimately, these racial elements will probably be separately reported, but for the time being the Census Office prefers to go slowly.

The method of tabulation will not be materially changed until after the first decennium is completed. This course is proper enough in the fundamental tables, but additional facts might easily be presented in the form of supplementary tables. For example, the report for 1907 might deal with the mortality of the Chinese or of the negroes in Northern cities. Tables might easily be compiled which would show the mortality of these races by causes of death, with distinction of age and sex. In another report certain of the more important nativities could be presented in a similar manner. Certain occupations, too, might be taken up, and the mortality analyzed in detail. Such data would be of value even if the number of the living were unknown. The Census Office is in a position to do this special work better than any State or municipal registration office. The Census Office has command of a greater amount of data, it has better facilities for the compilation of statistical tables, and, finally, its reports are more readily accessible to all who are interested in the subjects treated.

In conclusion, I may say that the possibilities of improvement in the census reports on Mortality are largely conditioned by the character of the data which the Census Office is able to secure from the various local registrars, and the space limits of the reports also have to be considered. Finally, a perfect report will be a matter of growth and development as the needs which it meets or fails to meet are thoroughly understood by the local registrars and the Census Office. The criticisms made here are rendered with a full understanding of the various difficulties in the preparation of a summary volume of this kind, and we have only the warmest praise for the general excellence of the mortality volume for 1905.

F. S. CRUM.